FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90395 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087511

000688

1. Entity Name
Quality Express Stores, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17015 Winners Circle	17015 Winners Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Odessa, FL	City & State: Odessa, FL
Zip: 33556 Country:	Zip: 33556 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3741815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Clay Coffman

Street Address (P.O. Box Number is Not Acceptable): 17015 Winners Circle

City: Odessa FL Zip Code: 33556

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] [signature] 05/01/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$8.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Clay Coffman
STREET ADDRESS	17015 Winners Circle
CITY-ST-ZIP	Odessa, FL 33556
TITLE	D
NAME	Linda Cosenza
STREET ADDRESS	17015 Winners Circle
CITY-ST-ZIP	Odessa, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E043B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] [signature] 813-503-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #